



SWEDISH SMILE CLINIC

35 Devonshire Place, Lower Ground Floor, London, W1G 6JP
0207 486 1010 | info@swedishsmileclinic.co.uk | www.swedishsmileclinic.co.uk

note: a charge may be made for missed appointments - 24 hours notice required for cancellations

COVID-19 Pre- Attendance Screening Questionnaire

In order to standardise discussions with patients offered treatment during COVID-19 recovery phase. Each patient offered an appointment will receive a phone call, 24- 48 hours before their appointment, from the appropriate team member covering the points below.

1. Does patient / member of household have symptoms suggestive of COVID 19?
Yes / No
2. If yes, appointment cannot proceed until symptoms resolve (14 days from onset of symptoms) & patient remains on a pending list.
3. Is the patient or anyone in their household 'shielding' due to immunosuppression or other health risk? Yes / No
If yes, appointment cannot go ahead during COVID-19 & patient remains a pending waiting list.
4. Discuss reasons for offering appointment at this time. Risk: benefit analysis. Patients should be warned that there is a very small increased risk of contracting COVID-19 inherent in attending the practice/department Tick to indicate this has been done
5. Consent: discussion of risks and benefits for the proposed procedure planned for the forthcoming visit. Consent discussion by phone reduces the time needed for consent process within hospital the clinical setting and allows 'cooling off' period. Tick to indicate this has been done
6. Offer patient time to think about the offer of an appointment and inform them of point of contact for further communication. Tick to indicate this has been offered
7. Inform them of next sequence of events.
 - They will receive a phone call from a member of staff with more details of how things will be coordinated on the day of their appointment.
 - Inform patient that there is a higher than usual chance of last- minute cancellation due to current unpredictable circumstances re PPE, staffing, etc.

Tick to indicate patient informed

Staff signature _____ Date _____

¹ In order to minimise the potential transmission of corona virus (COVID-19) to our staff, patients, and visitors, we endeavour to comply with the latest government guidelines set by World Health Organisation, as well as Department of Health and Social Care Act, Health Technical Memorandum 2015, Care Quality Commission and Public Health England.



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Dental Telephone Triage and Assessment Form

Date: _____ Time: _____

First Name: _____ Surname: _____

DOB: _____ Pt Email address _____

Patients History to the practice

Patient of the Practice

New Patient

First Contact

Re-contact

Patients Assessments

1. Is there severe pain or swelling? Yes No
2. The location of the pain
3. When did this pain starts
4. Character of the pain: Sharp, Dull, Persistent, throbbing
5. Is the pain spread to other places, such as your ears, jaw, tongue etc.
6. Are there signs of redness, swelling, bad taste,
7. Have you taken any analgesia for this pain? (pain killer)
8. Is there anything that makes the pain worst: Hot, cold, sweet, biting brushing
9. Are there any changes to the pain since the pain has started?
10. How severe is the pain – a number from 1 to 10 ?

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Outcome

Broad Provisional

diagnosis.....

1. Need further information. Asked patient to email/ring back with medication list and/or.....
2. Advice only and/or analgesics
3. Home self-help & to recontact if symptoms increase majorly and/or swelling develops. More information on website.
4. Prescription issued and liaison with pharmacy for patient to pick up
5. Referral to a local Urgent Dental Care Centre-Which?.....
6. Referral to NHS 111
7. Referral to A & E (*until local UDC centres are established. Severe trauma or life-threatening emergency*)
8. Not emergency or urgent for now (*unless situation changes*). To Book in for treatment when normal services resume

Dentist on duty _____

Name.....

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FACE to Face Consent Form

1. I the undersign hereby gives consent to attend Swedish Smile Clinic for a Face to Face consultation that could include dental treatment as advised by the duty dentist.
2. I understand that there is a potential risk to Corona- Virus at any stage of practice visit.
3. I understand that I will have to participate in a two stage risk assessment prior to seeing the dentist, this includes a temperature check and a completion of set of questions.
4. I understand that I will have to pay upfront for my consultation and treatment prior to my attendance.
5. I understand that I will need to complete a medical history and dental history form online prior to treatment.

I _____ hereby give consent to a face to face consultation for Dr
_____ to examine and possible treat
(on the Date) _____ and to comply all of the above statement.

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COVID-19 Risk assessment

¹

Any new continuous cough?

Yes No

Temperature above 37.8°C?

Yes No

Shortness of breath?

Yes No

Self-isolating/has symptoms/anyone in family has symptoms/living with a Covid-19 positive person indoors/over 70 years old/has one or multiple underlying MH risk?

Yes No

Covid-19 positive diagnosis?

No

Yes

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